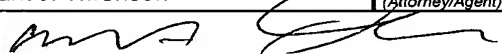


UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. X2007.0136	
		First Inventor Hiroshi Adachi	
		Title MANUFACTURING METHOD FOR MAGNETIC SENSOR AND LEAD FRAME THEREFOR	Express Mail Label No.
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
<div>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></div> <div>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></div> <div>3. <input checked="" type="checkbox"/> Specification [Total Pages 93] <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none">- Descriptive title of the invention- Cross Reference to Related Applications- Statement Regarding Fed sponsored R & D- Reference to sequence listing, a table, or a computer program listing appendix- Background of the Invention- Brief Summary of the Invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure</div> <div>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 57]</div> <div>5. Oath or Declaration [Total Sheets <input type="text"/><div style="margin-left: 20px;">a. <input type="checkbox"/> Newly executed (original or copy)</div><div style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></div><div style="margin-left: 20px;">i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></div></div> <div>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</div>		<div>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)</div> <div>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small><div style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Form (CRF)</div><div style="margin-left: 20px;">b. Specification Sequence Listing on:<div style="margin-left: 20px;">i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or</div><div style="margin-left: 20px;">ii. <input type="checkbox"/> Paper</div></div><div style="margin-left: 20px;">c. <input type="checkbox"/> Statements verifying identity of above copies</div></div> <div style="border: 1px solid black; padding: 5px;">ACCOMPANYING APPLICATIONS PARTS<div>9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))</div><div>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small></div><div>11. <input type="checkbox"/> English Translation Document (if applicable)</div><div>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</div><div>13. <input type="checkbox"/> Preliminary Amendment</div><div>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></div><div>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></div><div>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></div><div>17. <input checked="" type="checkbox"/> Other: Claim for Priority</div></div>	

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FEE TRANSMITTAL for FY 2003				Complete if Known	
Effective 01/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
				Filing Date	Concurrently Herewith
				First Named Inventor	Hiroshi Adachi
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Attorney Docket No.	X2007.0136
TOTAL AMOUNT OF PAYMENT		(\$)		2,268.00	

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other				
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-2215 Deposit Account Name: Dickstein Shapiro Morin & Oshinsky LLP				3. ADDITIONAL FEES			
The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1001	2001	750	375	Utility filing fee	750.00		
1002	2002	330	165	Design filing fee			
1003	2003	520	260	Plant filing fee			
1004	2004	750	375	Reissue filing fee			
1005	2005	160	80	Provisional filing fee			
SUBTOTAL (1)				(\$)	750.00		
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims	39	-20** =	19	Extra Claims	Fee from below	Fee Paid	
Independent Claims	17	-3** =	14				
Multiple Dependent							
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid		
1202	2202	18	9	Claims in excess of 20			
1201	2201	84	42	Independent claims in excess of 3			
1203	2203	280	140	Multiple dependent claim, if not paid			
1204	2204	84	42	** Reissue independent claims over original patent			
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$)	1,518.00		
**or number previously paid, if greater; For Reissues, see above							
				Other fee (specify) _____			
				*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 0.00			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark J. Thronson	Registration No. (Attorney/Agent)	33,082
Signature		Telephone	(212) 896-5470
		Date	July 28, 2003